

"Let us then view the nature of the organization of the Public Health Committee which prepared the program and the nature of the program itself to see to what extent the National Advisory Council on Radio in Education, Inc., has fulfilled its claims of being independent of faction and nonpartisan in procedure. The Public Health Committee includes as its chairman William Trufant Foster. This is the same Foster, an economist and not a physician, who attacked organized medicine bitterly at a conference held in Philadelphia last February, fully reported in *The Journal*, March 3, page 701. Associated with Mr. Foster on this committee are the following physicians: Ray Lyman Wilbur, chairman of the Committee on the Costs of Medical Care and signer of its majority report; Thomas Parran, Jr., health officer of the state of New York, committed in repeated addresses to compulsory health insurance and measures leading to the socialization of medicine; Haven Emerson, formerly a president of the American Public Health Association and a signer of the majority report. Included with these four are Alice Hamilton, a distinguished investigator in industrial diseases, whose writings indicate nevertheless that her pity for the sad fate of the majority of mankind overbalances her scientific judgment in matters of social control, and, last of all, Dr. Hugh S. Cumming, surgeon general of the United States Public Health Service. It will be obvious to any one that this Public Health Committee of the National Advisory Council on Radio in Education, Inc., is overwhelmingly controlled by the state medicine and socialization of medicine points of view, and that it contains no definite representative of the 100,000 physicians organized as the American Medical Association.

"The radio program developed under the auspices of this committee is, as might have been expected, overwhelmingly for the socialization of medical care. It contains the name of but one person who signed the minority report of the Committee on the Costs of Medical Care, and there are indications that he accepted under a misapprehension as to the nature of the program and will not appear. Those who are to discuss the future of medical care and the subject of medical economics are for the most part nonmedical men, unfamiliar with medical practice and for the most part definitely opposed in their writings to the policies of organized medicine. . . .

"It should be clear to any physician that this program indicates an attempt on the part of the interests represented in the majority report of the Committee on the Costs of Medical Care to further its propaganda. In developing a program of this type the National Advisory Council on Radio in Education, Inc., has been untrue to the principles on which it was established. Thereby it fails to merit support from the medical profession. Nevertheless, physicians will do well to be aware of the matter and to use such influence as they may possess with the radio stations that carry such material to bring about a realization of its true nature.

"It might have been within the province of the National Advisory Council on Radio in Education, Inc., to develop a series of useful lectures on the prevention of disease and on the maintenance of health. It might have used some of the time, which apparently it is able to get without charge from the broadcasting chains, for the enlightenment of the public on many of the scientific fallacies promoted by commercial interests. It has, however, failed to avail itself of these opportunities, devoting itself and its time instead to what constitutes essentially an undermining of the medical profession of this country. It would be interesting to know the motives that animated the executive officers of the National Advisory Council on Radio in Education, Inc., to lend themselves to this propaganda."

Our last quotations are from *Time*, and are worthy of perusal in connection with the above. *Time* states:

RADIO

"Free Time.—How much free time, if any, should Radio give to religious and educational programs?

"For months this question has been bumping loosely and loudly around Washington. Religionists and educators felt that the New Deal, as part of its general reform program, should open the air wider to them. The Federal Communications Commission took the question firmly in hand and proceeded, through a three-man board, to hold public hearings. Last week Radio's biggest wigs trooped to Washington to protest any plan which would force them to take into their broadcasting studios any specified number of preachers or pedagogues and permit them to hold forth, without charge, for any specified amount of time.

"Suave young President William Samuel Paley of Columbia Broadcasting System pointed out that his chain is already giving one-sixth of its time free to religion and education. Said he: 'Columbia has carefully refrained from imposing on its audience any small personal concepts of what the audience ought to receive.'

"President Merlin Hall Aylesworth of National Broadcasting Company gave education a round scolding for having alienated its Radio pupils by 'monotony and poor showmanship.' Cried he: 'People do not want to be educated. They want entertainment. . . . Our guilt lies in having been too big-hearted in our desire to help educators.' By way of support, NBC's program director produced a testimonial from Henry L. Mencken: 'The pedagogues now have all the time they can fill profitably—and more. Their programs are puerile and dull. There is no evidence that they would do any better if they had all day.'"

THE CORONER'S OFFICE OR THE MEDICAL EXAMINER SYSTEM?*

Citizens' Business

A leaflet issued by the Committee on Medico-Legal Problems of the Institute of Medicine of Chicago and distributed in its booth at the Chicago Century of Progress Fair, contained the following parallel column contrasts:

WHICH?

The Coroner's Office	The Medical Examiner System
Established in the twelfth century to serve the interests of the crown.	Established to serve the interests of the public of the present time.

HOW SELECTED

Usually by election.	Appointed by the Governor or Civil Service Commission.
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LENGTH OF SERVICE

Usually two to four years.	Indefinite. In the jurisdictions in which this system is in operation, the medical examiners have served for long periods of time.
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QUALIFICATIONS

None in most States.	Physicians who are graduates of accredited medical schools, with special training in pathology.
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DUTIES

Medical: To determine causes of death. Legal: To hold inquests. The legal investigations must be repeated by the State's Attorney if he must prosecute.	Medical only. The legal investigations are made by the District or State's Attorney.
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AUTHORITY

Poorly defined by antiquated laws that have not been revised to meet present conditions.	Clearly defined by modern legislative enactments.
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COST

The coroner's office in New York City in the last year of its existence, 1917, cost \$172,000.	The medical examiner's office of New York City in 1929 cost \$166,705. The population had increased 16 per cent; the work done had increased proportionately even more than the population.
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HOW WELL IS THE WORK DONE

Poorly, because of unqualified incumbents, antiquated laws, political influences, or all of these.	Excellent in all communities where it is in operation, because of qualified incumbents and clearly defined, up-to-date legislative enactments.
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NATURE OF THE WORK PERFORMED

Investigation of deaths due to suspected criminal homicide, in which criminal prosecutions may follow.

Investigation of deaths due to suicide and casualty, which may give rise to claims for accident, disability, or life insurance, or for workmen's compensation.

Investigation of sudden deaths unattended by a physician, to exclude crime and to authorize legal death certificate.

Which gives the taxpayer more for his money, better safeguards the interests of society, makes for better administration of criminal justice? The Coroner's office or the Medical Examiner system?

Some Editorial Comments

The elective coroner in New York City represents a combination of power, obscurity, and irresponsibility which has resulted in inefficiency and malfeasance in the administration of the office.—Leonard M. Wallstein, former Commissioner of Accounts of New York City.

The inquest is, as a general rule, without value in determining the cause and circumstances attending death. Moreover, as it is now conducted it does not possess the first requirements of a judicial proceeding.—Raymond Moley, "The Office of Coroner," *The Missouri Crime Survey*.

* See also editorial comment on this subject, page 340.

The coroner does nothing that must not be done over again. No reliance can be placed on anything that he has done, nor can he be trusted to do anything right.—Joseph DuVivier, former Assistant District Attorney for New York County.

The coroner's inquest is scarcely more than a formality.—Editorial, Chicago Daily Tribune, April 5, 1933.

Is it not about time for the office of coroner to be reformed or abolished as both useless and costly?—Editorial, The Chicago Daily News, April 7, 1933.

The repression of crime demands the community's will to repress it. . . . It demands also the reconstruction of antiquated public machinery.—Editorial, The Chicago Daily News, October 25, 1933.

Coroners' inquests, at least in murder cases, are useless and even mischievous. At best they duplicate the work of other law-enforcing agencies—Editorial, The Chicago Daily News, November 1, 1933.

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The official handbook of exhibits in the Division of Basic Sciences in the Hall of Science described the exhibit of the Institute of Medicine of Chicago in the following language.

Institute of Medicine of Chicago

"This exhibit presents an outline of medico-legal facts. The central feature is a diorama which symbolizes the tragedy and enigma of death. This is flanked on each side by two smaller dioramas that portray graphically the four classes into which the death may fall: homicide, suicide, accident, and sudden death. On either side of the diorama unit are painted panels. One is symbolic of the medical examiner system, showing a modern autopsy room with a shrouded body and a gowned figure of a physician ready to begin his examination; in the background are sketches indicative of the scientific procedures that a proper examination must make use of: pathology, bacteriology and serology, chemistry and toxicology, and microscopy. The panel of the opposite side is symbolic of the coroner system. It depicts the usual type of coroner's jury being sworn in for the inquest in the presence of the dead body as the law requires. In the background, corresponding to the scientific procedures in the other panel, are sketches portraying coroner's juries at different periods in history, the object being to illustrate that the office has not changed much since its earliest days. Lettered panels give the essential features of the two systems in use in this country, including such data as origin, mode of selection, tenure of office, qualifications, duplication of other agencies of government, and cost. Diagrams show the organization and relationships within the judicial administrative system of the European medico-legal system with its institute of legal medicine. A similar diagram shows the same features of the two American systems. A few well-selected specimens illustrate some of the features of the different kinds of death that must be officially investigated."

CORRESPONDENCE

Subject of following letter: A communication from the Pacific Roentgen Club concerning an article by Dr. Howard H. Johnson, printed in the September issue of the "Western Hospital Review."

October 15, 1934.

To the Editor:—In the September issue of your journal there appeared an article entitled "Crossroads—Cross Purposes" by Dr. Howard H. Johnson of San Francisco. Since this article proposes changes of a rather radical type in the practice of medicine in the State of California, and since it appears to contain some incorrect or misleading statements, we beg to submit the following for publication:

Fundamentally, the article is a plea for the early establishment of a hospitalization insurance plan in California. One of the main arguments used to support this plea is the alleged success of the plan in Cleveland. One of the major factors in the plan in Cleveland is the provision of x-ray and similar services along with the hospital benefits. We will commence our discussion by commenting on some of the statements in Doctor Johnson's article.

1. On page 6, paragraph 1, Doctor Johnson states that "A plan was then devised by the Academy which would place the 'x-ray . . . men' on exactly the same basis as other . . . professional men practicing in hospital work." This is incorrect and misleading. The actual plan as devised would place the x-ray physician

on a totally different status to that of other physicians in the hospital. The radiologist would be prevented from conducting and assuming the responsibility of the examination of the patient himself; a third party, a layman (the technician) hired by and responsible only to the hospital, would be interposed between the physician and the patient. Again, the collection of fees for professional responsibility and opinion would not necessarily be attended to by the radiologist himself; such would only be done if interpretation and consultation had actually been requested by the patient's other physician.

2. In the second paragraph appears the statement, "Academy members were furnished with . . . a statement of those medical men, principally x-ray men, who opposed the plan." This is incorrect. The statement was furnished by physicians in general in Cleveland. It is to be noted that only 266 out of 1,000 Cleveland Academy members, who were circularized, actually voted; of these, only 156 voted for the plan. In the opinion of many, the plan as outlined by the Academy was so ambiguously worded that it may be assumed that even the 15.6 per cent who voted "Yes" did not fully understand the proposal.

3. In the third paragraph on page 6 appears the statement, "x-ray . . . work of a diagnostic and therapeutic type is thus no longer monopolized. . . ." This is doubly misleading. The major number of hospitals in Cleveland still operate with their radiologists on their former status. In connection with the use of the word "monopoly," it is worth remembering that Doctor Johnson's able friend, Dr. A. C. Christie of Washington, D. C., has repeatedly pointed out that the practice of radiology in the hospital is a form of monopoly by the nature of hospital work and not one by choice, and Doctor Johnson is aware that in San Francisco any recognized radiologist is welcome in any hospital x-ray department—the patient need not consult the staff radiologist, except when he so desires. There is no more of a monopoly in the strict sense of the word than actually exists in other departments in the hospital.

4. Doctor Johnson makes the statement that such a plan "will also make it possible to arrange . . . fee schedules on a lower basis." This is very dubious if not actually incorrect. The actual cost of performing radiological procedures has shown no appreciable reduction in the last few years and is probably close to its basic level. Therefore, if the hospital is to recover its costs in the x-ray department, and the physician his reasonable fee for examination, interpretation and consultation, the proposed plan would merely result in the division of the fee into two portions, the total amount of which would be no lower than the present fees. Any further reduction must obviously come from the physician's income.

The responsibility for the examination and treatment of a patient by x-rays is a medical one; such procedures are always dangerous in unskilled hands. Therefore, it would seem unwise for any physician to urge that a lay corporation has the right to assume this responsibility and to regulate the fees that should be charged.

General Comment

The root and source of the whole problem under discussion lie in the desire of the Cleveland Hospital Council to sell, not a group hospitalization plan, but a group hospitalization-with-diagnostic-medical-care plan. Now, the radiologists in Cleveland have always supported and will continue to support any sincere attempt at furnishing hospitalization, or hospitalization and medical care, at reasonable rates upon a reasonable basis. But when laymen or hospitals or any corporation attempt to furnish medical care (i. e., diagnostic x-ray work) along with and as a part of hospitalization, then those radiologists, like any other physicians, resent it. They resent it because medical service cannot be properly furnished by laymen; if it were it would lower the status of radiology, and thereby the status of diagnostic and therapeutic care in general. They resent it because physicians and lay-